

# Medical, Dental & Vision Add/Drop Form

Please return to: Postdoc Benefits Office, 320 Panama Street, Bambi Modular, Stanford, CA 94305-4160 or fax (650) 723-7669. This form can be completed online and then printed. (Signature required)

## POSTDOCTORAL SCHOLAR INFORMATION:

Name: (First, Last)	Stanford ID#:
Home Address:	Email:
Work Phone:	Home Phone:

## POSTDOCTORAL SCHOLAR AND DEPENDENT ENROLLMENT INFORMATION:

Check Appropriate Box	Check all that apply (below):	Name: (First Last)	Date of Birth mm/dd/yyyy	Check Relationship
<input type="checkbox"/> Same <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Medical EPO <input type="checkbox"/> Medical PPO <input type="checkbox"/> Dental PPO <input type="checkbox"/> VSP Vision			<input type="checkbox"/> Postdoctoral Scholar
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Medical EPO <input type="checkbox"/> Medical PPO <input type="checkbox"/> Dental PPO <input type="checkbox"/> VSP Vision			<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Medical EPO <input type="checkbox"/> Medical PPO <input type="checkbox"/> Dental PPO <input type="checkbox"/> VSP Vision			<input type="checkbox"/> Son <input type="checkbox"/> Daughter
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Medical EPO <input type="checkbox"/> Medical PPO <input type="checkbox"/> Dental PPO <input type="checkbox"/> VSP Vision			<input type="checkbox"/> Son <input type="checkbox"/> Daughter

\*If you are dropping/waiving medical coverage for yourself and your appointment is still active, please complete a Medical Insurance Waiver Form and attach proof of "other" medical coverage.

**Reason For Change:**

**Effective Date:**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

For Internal Use Only:

Updated in ClearBenefits

Dependent Verification

QLE Verification